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**California Department of Public Health
Swine Influenza Virus
Q&A for Long-term Care Facilities
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What is the threat of swine influenza to long-term care facilities now?

At the present time, only eleven confirmed cases of swine influenza have been identified in humans in California. The illnesses have been mild. Only two cases have been hospitalized; no swine flu related deaths have been reported. None have been residents of long-term care (LTC) facilities. Influenza infections in LTC residents typically occur via resident contact with infected staff or visitors.

Therefore the most effective way to prevent influenza (seasonal or swine) in LTC facilities is to make sure that:

- Staff do not come to work while they are ill.
- Staff and LTC residents are vaccinated against seasonal influenza.
- Visitors do not enter the facility while they are ill.
- All staff, visitors, and residents practice good hand hygiene and respiratory hygiene/cough etiquette.

Should long-term care facilities be testing ill residents for influenza or sending ill patients to hospitals?

At this time there is no reason for LTC facilities to change any practices in regard to testing ill residents or sending ill residents to hospitals. Whatever policies and procedures are currently in place for managing illness in residents should continue. Any increase in respiratory illness in residents or staff should be reported to the local health department. The Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities, 2008-2009 is available at: <http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf>.

What can long-term care facilities do to prepare in case the swine influenza situation gets worse?

For LTC facilities that have developed a pandemic influenza plan: please review it. Remember to implement these important activities:

- Hand hygiene with soap and water or alcohol-based hand rub is essential to prevent the spread of influenza.
- Residents, visitors, and staff should cover their coughs and sneezes.

- Good standard precautions should be used when providing care for residents with acute febrile respiratory illness, regardless of whether pandemic influenza infection is suspected. Hand hygiene is the most important element. Masks should be worn when within 6 feet of an ill resident.
- Any resident with an acute respiratory infection should refrain from participating in group activities while acutely symptomatic and should maintain 6 feet of separation from other residents until asymptomatic.
- Clinicians should maintain a high index of suspicion for influenza. If influenza (or swine influenza) is suspected (see the chart below) the clinician should consider obtaining a nasopharyngeal swab for influenza testing before initiating antiviral or antimicrobial treatment.
- For LTC facilities licensed by CDPH: If a suspected and/or verified swine influenza infection has occurred in your facility, please follow unusual occurrence reporting requirements to your CDPH Licensing and Certification District Office.

The following chart highlights some differences between influenza and the common cold. Elderly people may not always have fever. Some cases of swine influenza have had gastrointestinal symptoms.

Differences between influenza and the common cold

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset, and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset, and can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a chronic condition; can be life threatening	Congestion or earache
Fatalities	Well recognized	Not reported